



## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	76385	
O.I.P.E. CLASSIFIER		19	10/00
FORMALITY REVIEW	for	852	11-02-00
RESPONSE FORMALITY REVIEW	request	925	03-26-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1-31/03
2	1-31/03
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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